



**Office of the Staff Judge Advocate
Stuttgart Law Center
Claims Office**

**FILING A HOUSEHOLD GOODS
OR UNACCOMPANIED BAGGAGE CLAIM
Call DSN: 421-4597/2473 or Civ: 0711-729-4597/2473**

The Claims Office is located at the Stuttgart Law Center, Kelley Barracks, Building 3312, Room 222. Claimants are seen on an appointment basis from 09:00am – 04:30pm on Mondays, Tuesdays and Fridays. On Wednesdays, claimants are seen on a first come, first served walk-in basis. Please call for appointments or information or send an email to heike.dragicevic@cmtymail.6asg.army.mil.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

GENERAL INFORMATION:

1. A separate claim must be filed for EACH shipment. Do NOT mix up hold baggage and household goods.
2. Turn in your DD Form 1840/1840R (the pink form) **within 70 calendar days** from the date of delivery. Normally, you cannot be paid for items not timely reported on that form.

REMEMBER: Turning in DD Form 1840/1840R (the pink form) is not the same as filing your claim!

3. You have **2 years** from the date of delivery of your goods to file your claim. This time limit is set by statute.
4. By statute, only **service members** or **government employees** can file these types of claims. As an exception, a representative may file on your behalf with a Power of Attorney; a spouse may file using a Power of Attorney or with specific written authorization. The claim settlement still goes to the sponsor. An example of a written authorization: *"I, SPC John Doe, 555-55-5555, hereby authorize my wife, Jane Doe, (SSN), to file a claim against the U.S. Government on my behalf for the loss of/damage to my hold baggage/household goods."* (Signed) (Date)

HERE'S WHAT YOU NEED TO FILE YOUR CLAIM:

Complete the forms online or neatly in ink. The more information you provide, the quicker we can adjudicate your claim.

- 1. DD Form 1840/1840R, Notice of Loss or Damage
- 2. Household Goods Descriptive Inventory
- 3. Government Bill of Lading (GBL) or other shipping document
- 4. DD Form 1299, Application for Shipment/Storage of Property
- 5. DD Form 619-1, Statement of Accessorial Services Performed
- 6. PCS orders authorizing shipment and all amendments or quarters assignment or housing letter for local moves
- 7. DD Form 1842, Claim for Loss or Damage to Personal Property (see attached sample)
- 8. DD Form 1844, List of Property and Claims Analysis Chart (see attached sample)
- 9. Estimate of Repair or Replacement Cost (See section **HOW TO SUBSTANTIATE YOUR CLAIM**)
- 10. Purchase Receipts, etc. to substantiate claim
- 11. Missing item(s) statement and Tracer Action from Transportation and Electronic item(s) statement, if applicable.
- 12. Pictures of damaged items. Please label all photos with the item's Line No. on the DD1844(Block5)
- 13. Power of Attorney, if applicable

HOW TO SUBSTANTIATE YOUR CLAIM:

CLAIMANT MUST SUBSTANTIATE 3 FACTS:

(1) OWNERSHIP/TENDER (2) MOVERS DAMAGED/LOST THE ITEM (3) THE DOLLAR VALUE OF THE DAMAGE

1. **Proof of ownership:** In order to substantiate your claim, you will need proof of ownership and value of your claimed property. You will need proof that you shipped the item, and proof of repair or replacement cost. Substantiation of value normally consists of original receipts of purchase. Proof of ownership and quality can consist of an owner's manual, a photograph, or the box that the item was originally packed in, showing brand, make, and model, however, these things do not prove that you gave the property to the carrier for shipment. **Proof of tender consists of the inventory** conducted by the carrier at the time of pickup of your property.
2. **Cost of Repair:** It cannot exceed the current value of the item.
 - a. **Bring small damaged items to the claims office for inspection**, preferably when you file DD Form 1840/1840R. At the time of the inspection you will be told whether you need to get a formal repair estimate.
 - b. You will usually need a repair estimate on **furniture**, unless the damage is either very minor or so bad that it is obvious (to us) that it is not repairable (also see letter e below).
 - c. **ALL ELECTRONIC ITEMS MUST HAVE AN ESTIMATE OF REPAIR** done stating whether the damage is shipment related, unless otherwise directed by the Claims Office. Factors which effect this requirement are age and value of the item and the extent of the damage. When there is no outside damage, you have to provide a statement in your own words regarding the condition of the item prior to being shipped and after delivery. In your **Electronic Item(s) Statement** you should answer the following questions:

What is the make and model of the item?
Is it new or used?
Has it been repaired recently?
When was it last used before the move? (For example: *"I used the Dell computer the night prior to the move to email my friends and family to let them know when I was leaving"*
Do **not** write *"The item was working fine prior to shipment, and now it is not working anymore"* that is just a conclusion, it is not establishing the working condition).
Is there a third party that can establish the working condition of the item before the move?
Do you have any information that would help explain the damage? (such as how the item was packed, how it was loaded on the van, and whether the item was dropped or handled roughly)
 - d. Reasonable estimate fees will usually be paid, unless the fee is reimbursable on repair or it will clearly exceed the value of the item.

NOTE: APPRAISALS (GUTACHTEN) ARE NOT ACCEPTABLE AS ESTIMATES OF REPAIR. ADDITIONALLY, FEES INCURRED TO OBTAIN APPRAISALS WILL NOT BE REIMBURSED BY THE CLAIMS OFFICE.

- e. **AGREED COST OF REPAIR.** If you have a non-electronic item and you feel any damage can be repaired for **\$99.00 or less**, discuss this matter with the Claims Office Personnel. If an agreed cost of repair is reached, it is not necessary to obtain a written estimate.
3. **Replacement Cost:** This is a factor in determining an item's fair market value when an item is lost or damaged beyond repair. If possible, please provide replacement costs for everything regardless of the value. However, you must obtain replacement costs for items with a value over **\$100.00** from mail order catalogs, AAFES, Internet or in some instances, from a local merchant. If using a catalog, make a copy of the catalog page. AAFES will usually issue a written statement of replacement costs.

NOTE: Ensure the item can be shipped to an APO address if it is in a catalog or online.

PLEASE DO NOT USE ebay.com FOR REPLACEMENT COSTS, AS THEY VARY WIDELY.

If **lost items** are found, you must notify the Claims Office immediately, and an adjustment will be made in your compensation. Failure to do so is a violation of the UCMJ.

4. Missing Item(s) Statement:

IF YOU HAVE MISSING ITEMS YOU HAVE TO SUBMIT A MISSING ITEM(S) STATEMENT.

For missing items, please provide a statement in your own words and individually list the missing items to include: inventory number, line number on DD Form 1844, type of item (including brand name, model and size), and the quantity. In your statement, you should answer the following questions:

How do you know that the item was given to the shipper?

- Give any comments about the item made to or by the carrier's representatives.
- Give the location of the item in the home.

Did the carrier at pick-up seal the boxes or crates in front of your residence or did they take the boxes or crates to their warehouse to seal them?

If you failed to note the missing item on the DD Form 1840 at the time of delivery, you must explain why this happened.

Was the missing item listed on the inventory?

If not, why not and why did you sign the inventory when the item wasn't listed?

If a missing item from a carton is not reasonably related to the content description you must explain why the item was packed in the carton. For example, *a wicker basket was packed with a carton labeled as "Linen"*. The statement could say the basket was kept in the linen closet to hold towels.

Is there any evidence of carton tampering?

Did any unusual circumstances exist at the time of delivery?

Do you have proof of ownership, such as

- Proof of purchase (a sales receipt, canceled check, installment contract or credit card statement)
- Photograph of the item, or
- An insurance inventory?

Are there witnesses who can attest to the ownership of the missing item?

ADDITIONAL INFORMATION:

- 1 Do not throw away any carrier damaged items until your claim is settled, unless you have the prior approval of the claims office. The carrier who delivered your property has the right to inspect the damage. If you prevent the carrier from inspecting, your claim may be reduced. If the carrier schedules an inspection, please let us know.**

If you have **private insurance** covering your loss or damage: You **do not** have to file and settle with your insurance company before making a claim against the Government if your claim is for a loss or damage to your personal property while it was being transported or stored at government expense. This is a change to our past policy. However, if you filed with your insurance, please provide the claims office with a copy of the insurance policy, the settlement agreement letter from your insurance company, and a breakdown of payments for items claimed. (see attachment 'Army claims policy on private insurance')

- 3. Value Added Tax (Mehrwertsteuer):** You will normally **not** be reimbursed for the German value added tax . You can get tax relief forms at the community Tax Relief **before** paying your bill.

ALWAYS REMEMBER: YOU HAVE 2 YEARS FROM THE DAY OF DELIVERY TO FILE YOUR CLAIM. ALL YOU NEED TO MEET THE TWO YEAR DEADLINE IS TO SUBMIT A WRITTEN DEMAND FOR PAYMENT, SIGNED BY YOU, OR AN AUTHORIZED ELECTRONIC DEMAND. THE DEMAND DOES NOT NEED TO STATE A SPECIFIC AMOUNT.

INSTRUCTIONS FOR FILLING OUT DD FORM 1842

This is the form on which you will actually make a demand against the Government for a specific sum of money. Its purpose is to give details as to why and how the damage or loss occurred. You need to submit one original written in ink. The amounts **MUST be in Dollars**. For any **Euro** amount, please leave blank. The person who takes in your claim will convert the Euro amount to Dollars.

1-8. IDENTIFYING DATA: Self-explanatory. Note that Block 5 should be your quarters address and Block 6 should be your mailing address, which in most cases means your duty address.

9. AMOUNT OF CLAIM: Leave blank if you have any amounts in **Euros** (This will be computed using the conversion rate on the day you file your claim at the claims office).

10. DATE, PLACE, FACTS AND CIRCUMSTANCES OF INCIDENT: For a household goods or unaccompanied baggage claim, your form should be pre-printed and all you need to do is fill in the blanks. If this block is empty, use the format on the sample to complete it.

11-15. QUESTIONS: leave blank.

16-18. SIGNATURE: Do not sign and date the form until you are in the presence of claims personnel. You are making an official statement.

Please also read the reverse side of DD Form 1842

If you have any questions concerning the completion of this form, call the claims office at DSN 421-4597/2473.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.	2. BRANCH OF SERVICE Army	3. RANK OR GRADE SGT	4. SOCIAL SECURITY NUMBER 000-99-2222	
5. HOME ADDRESS (Street, City, State and Zip Code) Robinson Barracks Bldg. 666 Apt 77 Stuttgart		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CMR 480 Box 999 APO AE 09128		
7. HOME TELEPHONE NO. (Include area code) 0711-729-4597	8. DUTY TELEPHONE NO. (Include area code) 421-2473	9. AMOUNT CLAIMED <i>Leave blank if in €</i>		
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) Pursuant to my orders transferring me from Fort Bragg to Stuttgart, Germany, my <u>HOUSEHOLD GOODS</u> / HOLD BAGGAGE were packed by Careless Movers Inc. on 01 January 2005 and delivered to my quarters by Negligent Packers GmbH on 15 February 2005 / picked up by me on 15 February 2005. Exceptions <u>WERE</u> / WERE NOT noted at the time of delivery on DD Form 1840. Subsequent damage / missing items <u>WAS</u> / WAS NOT noted on DD Form 1840 R filed on 20 February 2005. Goods were shipped under Government Bill of Lading number JP 123-456 (if no Government Bill of Lading was used, insert the letters "DPM" or "Local Move" after the word number)				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES <i>E</i>	NO <i>K</i>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			YES <i>V</i>	NO <i>N</i>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			YES <i>A</i>	NO <i>A</i>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			YES <i>E</i>	NO <i>L</i>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			YES <i>L</i>	NO <i>B</i>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.				
17. SIGNATURE OF CLAIMANT (or designated agent) <i>if possible, please sign and date in presence of claims personnel</i>			18. DATE SIGNED (YYYYMMDD)	

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
d. DATE SIGNED (YYYYMMDD)		
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED (YYYYMMDD)

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER	
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)		
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED		
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) Pursuant to my orders transferring me from _____ to _____ Germany, my HOUSEHOLD GOODS / HOLD BAGGAGE were packed by _____ on _____ and delivered to my quarters by _____ on _____ / picked up by me on _____. Exceptions WERE / WERE NOT noted at the time of delivery on DD Form 1840. Subsequent damage / missing items WAS / WAS NOT noted on DD Form 1840 R filed on _____. Goods were shipped under Government Bill of Lading number _____ (if no Government Bill of Lading was used, insert the letters "DPM" or "Local Move" after the word number)				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<input type="checkbox"/>	<input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			<input type="checkbox"/>	<input type="checkbox"/>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/>	<input type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<input type="checkbox"/>	<input type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.				
17. SIGNATURE OF CLAIMANT (or designated agent)				18. DATE SIGNED (YYYYMMDD)

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
d. DATE SIGNED (YYYYMMDD)	e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	
f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)	

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (<i>X if applicable</i>) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
26. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

INSTRUCTIONS FOR FILLING OUT DD FORM 1844

This form provides detailed information on your lost or damaged items. A decision on how much to pay you is based primarily on the information you supply on this form, so you should complete it very carefully.

1-4. Self explanatory.

5. **LINE NUMBER:** This is simply the sequence number on the DD Form 1844. Start with "1" and number each line item. If possible, please try to group **similar items** together (i.e. military uniforms should be noted one after the other). Any damage/missing item that has its **own inventory number** should be listed as a separate line item on the DD Form 1844, e.g. six dining room chairs with six different inventory numbers should be listed on six different lines on the DD Form 1844. If the inventory indicates a **box of something** like a "box of clothes", list the individual missing/damaged items inside the box as **individual line items** on the DD Form 1844 as much as possible. For **furniture estimates** of repair: each item will need to be listed separately on the DD Form 1844.
6. **QUANTITY:** List the number of items claimed on this line, e.g. *4 broken cups, 10 books missing* etc. NOTE: Do not list different types of items on one line. If you have a living room set with several pieces of furniture for example, you need to list each piece separately.
7. **LOST OR DAMAGED ITEMS:** Even though the space is small, it is important to be specific in this block, both with the description of your property and the description of damage. For an item that is gone, list it as "missing" on the form. For damaged items, list where the damage is, e.g. *dining room chair-left front leg broken*. Use words like "shattered", "scratched", "gouged" to describe the damage, e.g. *end table-5" scratch on top left edge*.
8. **INVENTORY NUMBER:** This number should be listed on your DD Form 1840/1840R, but if it is not, refer to the inventory you received when your property was packed up.
9. **ORIGINAL COST:** This is the price you originally paid for the item. If you bought it used, please indicate this here or in block 7. If the item was a gift, write "gift" in place of the price paid.
10. **MONTH/YEAR OF PURCHASE:** Please list when you purchased the item or received it as a gift.

REPAIR COST: This is based on either an estimate attached to your claim or an agreed cost arrived at after discussion with claims personnel.

REPLACEMENT COST: Where an item is lost or irreparably damaged, you will claim an amount here. Generally, anything valued at more than \$100.00, and possibly some things of lesser value, will require written verification. If you are not told which items to substantiate, please ask before you prepare your claims packet. **Do not use ebay.com for replacement costs, as the prices on this website vary widely.**

PLEASE BE AWARE THAT MOST OF THE FIRMS LISTED WILL CHARGE A FEE FOR THEIR ESTIMATE.

If you have any questions concerning the completion of this form, call the claims office at DSN 421-4597/2473.

1. NAME OF CLAIMANT (Last, First, Middle Initial) Doe, John W.			3. PICK-UP DATE (YYYYMMDD) 20050101		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD) 20050215		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME			b. POLICY NO.													
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
1	1	SAUDER WALL UNIT 6'X3' Oak Veneer Top right corner 2" scratch, left front bottom corner 4" gouge, veneer peeling front top	11	500.00 Dec 03	105.00		Note: if repair costs are nearing the amount of purchase, it is in your best interest to also provide a substantiated			replacement cost. The government will normally award the most economical of the two.						
2	1	19" PANASONIC COLOR TV-Model # 56235. Outside case has 8" crack on top. TV working fine.	35	250.00 Jun 04	50.00 LOV		Note: if you do not wish to get a repair estimate for an item, you can do a Loss of Value (LOV). This is when you decide			to live with that damage as it is only minor or cosmetic.						
3	60	COMPACT DISCS - Single discs MISSING (See attached list) Collected between April 99 and June 03	15	12.95	777.00		Note: if you are claiming for missing CDs, you should provide a complete list of all the CDs you are missing.									
4	1	SONY VCR - Model# R-12665 missing	45	200.00 Jul99	150.00		Note: if you are replacing an item, you should provide substantiation for the amount claimed.									
5	1	ESTIMATE FEE for 19" Panasonic Color TV charged by electronic repair company			40.00		Note: Estimate fees are only reimburseable if the fee WILL NOT be refunded when the repairs are made.									
6	1	TRANSPORTATION FEE Wall Unit charged by wood furniture repair company			70.00		Note: \$50.00 is the maximum payable limit for transportation fees before the cost is actually incurred. If that			amount is only an estimate and the actual fees are greater, you should present the Claims		Office with a paid receipt for reconsideration				
7	1	FIGURINE Lladro "Lucky's Call" Elephant's trunk broken at center	23	Gift Mar98	500.00		Note: if an item was a gift, then in the original cost block you should list that item as a gift and give a best guess as to			how much was paid for that item.						
							Note: if the cost to repair the items has not been paid, the Euro amount will be converted at the exchange rate on			the date your claim is presented for processing.						
12. REMARKS			13. TOTAL		\$			30. TOTAL AMOUNT ALLOWED		\$			31. THIRD PARTY LIABILITY		\$	\$
					1692.00											

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)												
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR						
a. NAME		b. POLICY NO.															
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
12. REMARKS			13. TOTAL \$				30. TOTAL AMOUNT ALLOWED \$				31. THIRD PARTY LIABILITY \$						

LEGEND OF ABBREVIATIONS

AC	Amount claimed.
AGC	Agreed cost or repairs in lieu of estimate.
BX-PX	Replacement price through local exchange retail store (rate of depreciation, if applicable, to be included).
CR	Amount paid by carrier prior to settlement of this claim entered on this line and deducted from total amount allowed.
D	Depreciation computed, preceded by appropriate percentage, i.e. 20%D.
DV	Depreciated value awarded – cost of repairs exceeds depreciated value of item (e.g., DV,PX \$100, 75%D).
ER	Estimate of Repair (add exhibit number of repair estimate, ER, EX5).
EX	Exhibit (include appropriate exhibit designation, e.g. EX5)
FR	Flat rate depreciation, preceded by appropriate percentage, i.e., 25%FR
F&R	Fair and reasonable award.
LOV	A loss of value was awarded in lieu of or in addition to the cost of repairs (e.g., \$25LOV)
M/A	Maximum allowable.
N/P	Not payable (appropriate rule for basing denial should be included.
N/R	Not repairable.
OBS	Deduction made for obsolescence (e.g., 15%D + 25%OBS)
PCR	Potential carrier recovery deduction made (failure of claimant to notify authorities in a timely manner).
PED	Preexisting damage (percentage to be included, e.g., 30%PED).
PP	Purchase price.
RC	Reasonable replacement cost applied (rate of depreciation, if applicable, to be included in block).
SV/N	Salvage value – beyond economical/reasonable repair, no salvage value, turn in not required.
SV/R	Salvage value – beyond economical/reasonable repair, some salvage value, claimant elected to retain item (e.g. 75%D, \$35 SV/R).
SV/T	Salvage value turn-in required (amount of salvage value to be entered).

NEW ARMY CLAIMS POLICY ON PRIVATE INSURANCE

1. If you have a private insurance policy that may cover all or part of your loss, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, IF your claim is for a loss or damage to your personal property while it was being transported or stored at government expense. This is a change to our past policy. The change is limited to this type of claim, because we can usually recover the amount paid to the claimant from the carrier or warehouse that is responsible for the loss or damage.

2. On all other types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you **MUST FILE** with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid .

3. **You may not be paid by both the Army and your private insurance company for the same item.** This would be unjust enrichment and possibly fraud.

a. When you file a claim with the Army, you assign (i.e. transfer) your right to seek payment from anyone for any items that are on your Army claim. You also must tell the Army, under penalty of perjury, whether you have filed a claim with a private insurance company. If you have filed a claim with your private insurance company, you will have to tell us how much the insurance company paid and for which items they paid.

c. If you are paid for an item by the Army and then file with the insurance company, the insurance company may pay you, but the Army will learn about this second payment. Insurance companies, after paying claims for goods lost during government shipments or storage, report to the Army what they have paid so that the Army can recovery that amount from the responsible carrier or warehouse on their behalf.

4. If you elect not to file against your private insurance, then you generally will have to accept the settlement of your claim with the Army as your full compensation. Therefore, if you are in any doubt as to the best way to proceed, you should file and settle a claim with your insurance company first, for the items that are covered by your policy, and then file your claim with the Army for the remaining items.

5. **Why would you file with your private insurance, if you do not have to?**

a. If you have a catastrophic loss, it is possible that you will not be fully compensated by the Army. There are limits on both the total amount that the Army can pay (\$40,000 in most cases) and limits on how much we will pay for most types of property. For example, the Army will usually not pay more than \$3,000 for any item of furniture or more then \$4,000 for any computer, its software, and accessory equipment. However, you should check you insurance policy for similar limits imposed by your insurance company.

b. Your private insurance may pay you more than the Army will pay, especially if your policy includes a provision or endorsement that requires the insurance company to pay full replacement value (i.e. new-for-old) rather than the fair market (i.e. depreciated) replacement value.

c. In addition, your private insurance may pay for items for which the Army will not pay you. For example, we will not pay for items that are purchased or used for a private business. We will try and recover for those items from the carrier, and, if successful, we will send that amount to you. But this may take several months. If these items are covered by your insurance policy, you will probably receive payment faster from your insurance company.

d. Your insurance company may not require the same number of estimates or the same amount of substantiation that the Army requires you to submit with your claim.

6. Why not file with private insurance first?

a. Most insurance policies that cover goods in transportation or storage, pay only for lost or destroyed items. They usually do not pay for repair of damaged items. Therefore, if you have both lost and damaged items, you would have to file two claims, one with your insurance and one with the Army, to be fully compensated. It may be easier and faster just to file a single claim with the Army, if you are willing to accept the depreciated replacement cost for lost or destroyed items.

b. While insurance companies may not raise your rates merely because you file a single claim, they do consider how often you have filed claims in the past few years when deciding whether to renew a policy or to issue you a new policy. Each insurance company may use different criteria, but it has been reported to the Army that some will refuse to insure someone who has filed three claims in the past two years. Most property insurers submit their claims information to a central data base, which is shared with other companies. So each insurance company will know about claims submitted to other companies. Army claims information is not submitted to this central data base and a claim submitted to the Army should not be considered by private insurance companies.

c. If your loss is relatively small or is only for a few damaged items, you usually will be adequately paid by the Army. Insurance coverage should be used to pay for relatively large losses that are not likely to be paid in full by the Army.

7. Frequently Asked Questions.

Q. If I file a claim with my insurance company first, and they do not pay me for an item, can I then file a claim with the Army for that item?

A. Yes. Although we may also decide to deny payment for that item, you can file with the Army and ask the Army to evaluate payment for the item under our regulations.

Q. If I file with my insurance company first, and they pay me for an item but do not pay the full amount because of my deductible, can I file a claim for that deductible amount?

A. Yes. You can file a claim with the Army for that item, but the Army does not automatically pay a deductible. The Army claims adjudicator will determine what the Army would have paid for that item. If the amount we would have paid is more than the amount you actually received from your insurance company, then we will pay the difference between what you received and what we would have paid. But if we would have paid less than what you actually received, we will not make any additional payment. In this regard, we consider any amount that an insurance company holds back until you submit proof of actual purchase to be part of the amount that you actually received from the insurance company.

Q. If I file a claim with the Army, but the Army denies payment for an item, or if I am not happy with what the Army pays me, may I then file a claim with my private insurance company?

A. Usually not, although some exceptions may be made on a case by case basis. In those exceptional cases, the soldier would have to return any money paid by the Army on items that might have been paid by insurance, before the Army will release the claim back to the soldier. The purpose of giving soldiers the option of not filing with their insurance is to simplify the recovery process and limit the number of claims soldiers have to file against their insurance. Permitting soldiers to go back to their insurance companies after they are paid by the Army, would defeat the purpose of this new policy and would greatly complicate and delay resolution of a claim. Therefore, soldiers should carefully evaluate the nature and extent of their loss before they elect not to file a claim against their private insurance.

Q. Are claims that I file with the Army under the Personnel Claims Act considered by insurance companies as part of my claims history?

A. Insurance companies should not consider Army claims on the same basis as a claim against an insurance company, as the Army program is a gratuitous payment program and not an insurance program. We do not share our claims data with the insurance industry. If you file a claim with your private insurance company for loss or damage to your goods while in a government funded shipment, your insurance company will usually assume that you will be filing a claim with the Army. They will contact us and request that we recover from the carrier on their behalf. But if they want specific information about a person's claims history or a specific claim, they must provide us a written release from that person giving us permission to release that information. If an insurance company requests claims information under the Freedom of Information Act, we withhold the names and social security numbers of the claimants.

LIST OF REPAIR SHOPS

The repair shops listed below will provide an estimate of repair for specific types of items as indicated. This list is provided to you as an additional service of this office. While the Claims Office does not recommend or endorse any of the particular companies listed below, we have determined that these companies charge reasonable estimate fees and can do the work as requested. Use of any firm not listed below should be cleared with this office prior to obtaining an estimate. Failure to do so may result in non-payment of the estimate fee. A fee is charged for the estimate which may be reimbursed if your claim is approved. Estimates of repair are required when the repair cost of the item is \$100 or more. **Please call the claims office if in doubt about getting a repair estimate.**

WOOD DAMAGE

Schreinerei
Franc Ivancic
Neckarstrasse 30
71686 Remseck-Aldingen
Tel: 07146-91405
Fax: 07146-20260

Rudi Ruehle
Wilhelmstrasse 2
71116 Gaertringen
Tel: 07034-22294
Fax: 07034-26365

**Estimate &
Repair Service**
Wilhelm Kachler
Kleinfeldweg 42
69190 Walldorf
Tel: 06227-382681
Fax: 06227-382682

GARMISCH
M.L. Martignoni
Alpspitzstrasse 47
82491 Grainau
Tel: 08821-82538
Fax: 08821-985474

UPHOLSTERER

Manfred Wahlenmeier
Finkenweg 2
71686 Remseck
Tel: 07146-91405

Ebner Polstereien
Herrenberger Strasse 9
70563 Stuttgart-Vaihingen
Tel: 0711-731-081
Fax: 0711-735-4645

BRASS AND COPPER

Johann Boehm
Buchdrucker Gmbh
Ludwigsburgerstrasse 59
71642 Ludwigsburg
Tel: 07141-53167

COMPUTERS

Mega-Byte
Hauptstaetter Strasse 132
70178 Stuttgart
Tel: 0711-649-2878

Edicta
Karl-Pfaff Strasse 30
70597 Stuttgart-Degerloch
Tel: 0711-763381

TV, STEREO, ELECTRONICS

AAFES Power Zone on
Patch Barracks or
a local Electronics Store

Maerz & Rabe
Uhrmacher-Meisterwerkstatt
Ludwigstrasse 84
70197 Stuttgart
Tel: 0711-613088

Juergen Roth
Repair of old clocks, parts
Pfarrstrasse 1
70794 Filderstadt-Plattenhardt
Tel: 0711-775707

ANTIQUE APPRAISALS

Futterknecht
Höfingerstrasse 8
70499 Stuttgart-Weilimdorf
Tel: 0711-8661465
(only in German)

GLASS

Albrecht Glasreparaturen
Unter dem Birkenkopf 14
70197 Stuttgart (Westbahnhof)
Tel: 0711-649660
Fax: 0711-6496677

Frame Shop
on post



**Office of the Staff Judge Advocate
Stuttgart Law Center
Claims Office**

***ANLEITUNG ZUR ERSTELLUNG EINES KOSTENVORANSCHLAGS
INSTRUCTIONS FOR PREPARING A REPAIR ESTIMATE***

Dear military member,

Please give this document to the person you chose for doing your repair estimate. It contains important information on how to prepare a repair estimate so that it meets the requirements contained in Army Regulation 27-20 and DA Pam 27-162.

Sehr geehrte(r) Kostenvoranschlagsteller(in),

um eine korrekte und faire Bearbeitung der bei uns eingereichten Schadensfälle gewährleisten zu können, bitten wir Sie um Einhaltung der im Folgenden aufgelisteten Richtlinien bei der Erstellung eines Kostenvoranschlags für die Mitglieder der US Streitkräfte.

Sollten klar erkennbare **Altschäden** vorhanden sein (Englisch: pre-existing damage), so führen Sie diese bitte separat bei ihrer Auflistung an. Befindet sich der Altschaden an der gleichen Stelle oder Seite wie der Neuschaden und muß bei der Behebung des Schadens mitrepariert werden, geben Sie bitte an, wieviel Prozent der Reparatur der Altschaden ausmacht.

Bitte geben Sie immer genau **Art, Stelle und Ausmaß** des Schadens an (z. B. Kratzer in Mitte der Esstischplatte, 5cm lang, ½ cm tief). Allgemeine Beschreibungen wie „Macken und Kratzer ausbessern“ sollten vermieden werden.

Details, Details, Details! Gehen Sie bei der Beschreibung des Reparaturvorgangs bitte schrittweise vor. Wir wollen genau wissen, welche **Schritte** notwendig sind, um den Schaden zu beheben und wieviel hierbei die Materialkosten und der Arbeitsaufwand ausmachen.

Falls eine **Erneuerung** einzelner Teile zur Reparatur erforderlich ist, führen Sie dies bitte auch separat an. Werden alte, noch vorhandene Teile geflickt oder angeleimt, so sollte auch dies aus Ihrem Kostenvoranschlag klar hervorgehen.

Stellt sich ein Gegenstand als **nicht mehr reparierbar** heraus, fragen Sie bitte nicht den Kunden wieviel er dafür gezahlt hat oder wieviel er denkt, daß der Gegenstand zum jetzigen Zeitpunkt wert sein könnte. Dies führt zu ungenauen Angaben und entspricht nicht unseren Erwartungen. Einschätzungen und Kostenvoranschläge sollten auf Fachwissen basieren oder ganz einfach nicht vorgenommen werden. Das Gleiche gilt für antike Möbel. Eine Klassifizierung von Möbeln als „**antik**“ sollte nur dann vorgenommen werden, wenn ein professionell erstelltes Gutachten (= von einem Sachverständigen für Antiquitäten erstelltes Dokument mit Stempel) oder anderes Beweismaterial vorhanden sind, die dies unterlegen, nicht jedoch weil der Kunde selber den Gegenstand als „antik“ bezeichnet oder weil das Möbelstück ganz offensichtlich ein hohes Alter hat.

Geben Sie auf dem Kostenvoranschlag bitte auch an, ob die Kosten hierfür bei der eigentlichen Auftragsstellung in Abzug gebracht werden. Über den Erhalt der **Kostenvoranschlagskosten** sollte eine separate Quittung erstellt werden, die ebenso wie der Kostenvoranschlag selber, mit Datum, Unterschrift und ggf. Stempel versehen sein sollte.

Der Kostenvoranschlag sollte außerdem Auskunft darüber geben, ob es sich bei dem vorhandenen Schaden um einen **Transportschaden** handelt.

Abschließend noch ein paar allgemeine Dinge: Der Kostenvoranschlag sollte bitte mit **Computer** geschrieben sein und, falls möglich, in **englischer Sprache** verfasst werden.

Wir danken Ihnen für Ihr Verständnis und hoffen weiterhin auf gute Zusammenarbeit.